

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90016 012 \*\*\*150.00

DOCUMENT # P16971

1. Corporation Name

AMERICAN INSURANCE COMPANY OF TEXAS

Principal Place of Business

777 MAIN STREET  
FORT WORTH TX 76102  
US

Mailing Address

777 MAIN ST.  
STE. 900  
FT. WORTH TX 76102  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1987

4. FEI Number

75-1302312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 110 W. 7th ST

Suite, Apt. #, etc.

22 STE 300

City & State

23 Fort Worth TX

Zip

24 76102

Country

25 US

2a. Mailing Address

26 110 W. 7th ST

Suite, Apt. #, etc.

27 STE 300

City & State

28 Fort Worth TX

Zip

29 76102

Country

30 US

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MITCHELL, PATRICK J  
STREET ADDRESS 777 MAIN ST. STE. 900  
CITY-ST-ZIP FT. WORTH TX 76102

TITLE SVD ☐ DELETE

NAME O'NEILL, PATRICK H  
STREET ADDRESS 777 MAIN STREET, SUITE 900  
CITY-ST-ZIP FT. WORTH TX 76102

TITLE TV ☐ DELETE

NAME BUCHANAN, KELLEY L  
STREET ADDRESS 777 MAIN ST., STE. 900  
CITY-ST-ZIP FORT WORTH TX 76102

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 110 W. 7th ST. STE. 300

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 110 W. 7th ST. STE. 300

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 110 W. 7th ST. STE 300

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(817) 878-3327

Daytime Phone #

CR2E034 (11/98)

0558761